

Form JGCD-16

*Empowering Dreams for the Future*

**MISSING CONTROLLED SUBSTANCE REPORT**

|  |  |
| --- | --- |
| Name of School: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date controlled substance identified missing: |  | Time of discovery: |  |

|  |  |
| --- | --- |
| Name/title of person who made discovery: |  |

|  |  |
| --- | --- |
| Name of school administrator notified: |  |

|  |  |
| --- | --- |
| Date/time of notification: |  |

|  |  |
| --- | --- |
| Name of Consulting Nurse notified: |  |

|  |  |
| --- | --- |
| Date/time of notification: |  |

|  |  |
| --- | --- |
| Name of Principal /designee who notified parents/guardians: |  |

Print names of all parents/guardians notified of missing controlled substances and the date/time they were contacted. If necessary, continue on additional sheet of paper:

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | **Parent/Guardian Name** | **Date** | **Time** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Date/time Public Safety Notified: |  |

|  |  |
| --- | --- |
| Name of Public Safety Officer: |  |

|  |  |
| --- | --- |
| Phone Number: |  |

**Please write a detailed report of the incident, including what you think happened, when you think it happened, who was involved (if known), and why you think it might have happened. If necessary, continue on additional sheet of paper:**

|  |
| --- |
|  |

Signature of Nurse Completing Report Date

|  |  |
| --- | --- |
|  |  |

Name of Nurse Completing Report (PLEASE PRINT)